BEST AVAILABLE COPY.

POSITION	INITIALS	ID NO.	DATE	
		1000	0/0/10	
FEE DETERMINATION	KW	0x900	91030100	
O.I.P.E. CLASSIFIER		8	10-4-00	
FORMALITY REVIEW	M.H.	625	11-06-00	
RESPONSE FORMALITY REVIEW			77-06-00	

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
	Allowed	- 1	Interference
-	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Hestricted O Objected								
Claim	Date	Claim	Date	Claim	Date			
Final Origin		Final		Final Original				
1241		51	<del>- - - - - - - - - - - - - - - - - - - </del>	101				
		52		102				
8		53		103	<del>                                     </del>			
4	<del>                                     </del>	54	<del>                                     </del>	104	<del>                                     </del>			
5 6	<del>                                     </del>	55	<del>               </del>	105				
6		56	<del>                                     </del>	106	<del></del>			
		58	<del>·┼·┼·┼</del> ┼┼	108	<del></del>			
9 11		59	<del>┤╍┝┈┼┈┤╶┤</del> ╴┤	109	╂┼┼┼┼┼			
10	<del></del>	60	<del>┤┤┤┤</del> ┤┤	110	<del>                                     </del>			
1	<del>                                     </del>	61		111	<del>┤┤┤┤</del>			
4	<del></del>	62	<del>                                     </del>	112	<del>                                     </del>			
13		63		113	<del>                                     </del>			
	<del>                                     </del>	64	<del>                                     </del>	114	<del>                                     </del>			
7. 14 15	<del>                                     </del>	65	<del>               </del>	115				
16		66	<del>                                     </del>	116				
±17		67		117				
18		68		118				
19		69		119				
20		70		120				
21		71		121				
22		72		122				
23 \		73		123				
24		74		124				
(B)		75		125				
26		76		126				
0 .		77		127	<del>                                     </del>			
28		78		128				
29		79		129	<del>                                     </del>			
30		80	<del>                                     </del>	130	<del>┤╶┤╌</del> ┼╌┼ <del>┈┤╌</del> ┤╌			
31		81	<del>                                     </del>	131	<del>                                     </del>			
× ·		82	<del></del>	133	<del>                                     </del>			
33 J V	<del>                                     </del>	83	<del>┤┤╌┼╾</del> ┤╴┤╴┤	134	<del>┨═┨┈╏═</del> ┼╌╂╾╂╾			
35	<del>                                      </del>	85	<del>·╎┤╎┈╎┈╎┈┤</del> ┤	135	<del></del>			
36	<del> - - - - </del>	86	<del>┤╎</del> ┼┼┼┼┼┤	136	<del>                                     </del>			
7 37	<del> - - - - - </del>	87	<del>┤┤</del> ┼┼┼┤	137	<del>                                     </del>			
38	<del> - - - - - </del> -	88	<del>┪</del> ═╅═┼ <del>╒</del> ┼┋┼	138	<del>                                      </del>			
39	<del> - -      </del>	89	<del>┤╸</del> ┤╴┤╴┤─┤─┤	139				
40	<del>                                     </del>	90	<del>- - - - - - - - - - - - - - - - - - - </del>	140				
41	<del>╎╴╎╸╎╸╎╸</del> ┤╸┤	91	<del>┤╌┤╌╎╶╎╶╏╌╏╸</del> ┤ ├	141	1-1-1-1-1-			
42	<del>├╶╏</del> ╶ <del>╏</del> ╶ <del>╏</del> ┈╏	92	<del>┤┤┤═</del> ┼┼┼┤	142	<del>                                     </del>			
43	<del>                                     </del>	93	<del>┤┤┤┤┤</del> ┤	143				
44	<del>                                     </del>	94	<del>                                     </del>	144				
45	<del>╎╎╎</del> ┼┼┼┤	95	<del>┤╬╏</del> ┼┼┼┼┼	145				
46	<del>                                      </del>	96		146				
. 47	<del>                                     </del>	97		147				
48		98		148				
49		99		149	<del></del>			
50		100		150				

If mor than 150 claims or 10 actions staple additional sheet here

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